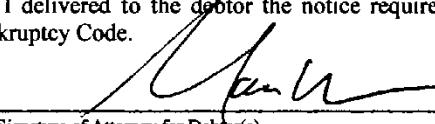
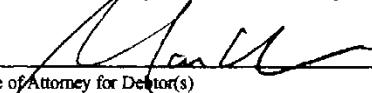


**United States Bankruptcy Court**  
**District of Guam**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Flores, Joey Obamos</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>0140</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>09 - 00139</b>																						
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>258 E. Santa Barbara</b> <b>Dededo, GU</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																						
ZIPCODE <b>96929</b>		ZIPCODE																						
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:																						
Mailing Address of Debtor (if different from street address) <b>PO Box 1892</b> <b>Hagatna, GU</b>		Mailing Address of Joint Debtor (if different from street address):																						
ZIPCODE <b>96932</b>		ZIPCODE																						
Location of Principal Assets of Business Debtor (if different from street address above):																								
ZIPCODE																								
<b>Type of Debtor</b> (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	<b>Nature of Business</b> (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																						
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check If:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. <hr/> <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				<b>THIS SPACE IS FOR COURT USE ONLY</b>																				
<b>Estimated Number of Creditors</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<span style="font-size: 2em; vertical-align: middle;">FILED</span> <span style="font-size: 1em; vertical-align: middle;">DISTRICT COURT OF GUAM</span> <span style="font-size: 1em; vertical-align: middle;">AUG 17 2009 Bryan</span> <span style="font-size: 1em; vertical-align: middle;">JEANNE G. QUINATA</span> <span style="font-size: 1em; vertical-align: middle;">CLERK OF COURT</span>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000															
<b>Estimated Assets</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1 million to \$10 million</td> <td>\$10 million to \$50 million</td> <td>\$50 million to \$100 million</td> <td>\$100 million to \$500 million</td> <td>\$500 million to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1 million to \$10 million	\$10 million to \$50 million	\$50 million to \$100 million	\$100 million to \$500 million	\$500 million to \$1 billion	More than \$1 billion	<span style="font-size: 2em; vertical-align: middle;">FILED</span> <span style="font-size: 1em; vertical-align: middle;">DISTRICT COURT OF GUAM</span> <span style="font-size: 1em; vertical-align: middle;">AUG 17 2009 Bryan</span> <span style="font-size: 1em; vertical-align: middle;">JEANNE G. QUINATA</span> <span style="font-size: 1em; vertical-align: middle;">CLERK OF COURT</span>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1 million to \$10 million	\$10 million to \$50 million	\$50 million to \$100 million	\$100 million to \$500 million	\$500 million to \$1 billion	More than \$1 billion															
<b>Estimated Liabilities</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1 million to \$10 million</td> <td>\$10 million to \$50 million</td> <td>\$50 million to \$100 million</td> <td>\$100 million to \$500 million</td> <td>\$500 million to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1 million to \$10 million	\$10 million to \$50 million	\$50 million to \$100 million	\$100 million to \$500 million	\$500 million to \$1 billion	More than \$1 billion	<span style="font-size: 2em; vertical-align: middle;">FILED</span> <span style="font-size: 1em; vertical-align: middle;">DISTRICT COURT OF GUAM</span> <span style="font-size: 1em; vertical-align: middle;">AUG 17 2009 Bryan</span> <span style="font-size: 1em; vertical-align: middle;">JEANNE G. QUINATA</span> <span style="font-size: 1em; vertical-align: middle;">CLERK OF COURT</span>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1 million to \$10 million	\$10 million to \$50 million	\$50 million to \$100 million	\$100 million to \$500 million	\$500 million to \$1 billion	More than \$1 billion															

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Flores, Joey Obamos</b>
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X</b> _____ <small>Signature of Attorney for Debtor(s)</small> <b>2/06/09</b> <small>Date</small>
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> <small>(Check any applicable box.)</small> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</li> <li><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</li> <li><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</li> </ul>		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> <small>(Check all applicable boxes.)</small> <ul style="list-style-type: none"> <li><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following)</li> </ul> <hr/> <p style="text-align: center;">(Name of landlord or lessor that obtained judgment)</p> <hr/> <p style="text-align: center;">(Address of landlord or lessor)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</li> <li><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</li> <li><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</li> </ul>		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Flores, Joey Obamos</b>
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p> Signature of Debtor</p> <p><b>Joey Obamos Flores</b> Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) <b>February 6, 2009</b> Date</p>		<b>Signature of a Foreign Representative</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b> Signature of Foreign Representative Printed Name of Foreign Representative Date</p>
<b>Signature of Attorney*</b>  Signature of Attorney for Debtor(s) <p><b>Mark Williams, Esq. 95022</b>  <b>Law Office of Mark Williams</b>  <b>1270 N. Marine Dr. Ste. 101-718</b>  <b>Tamuning, GU 96921</b>  <b>(671) 637-9620 Fax: (671) 637-9660</b>  <b>mark.e.williams@usa.net</b></p> <p><b>February 6, 2009</b>  Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		<b>Signature of Non-Attorney Petition Preparer</b> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address</p>
<b>Signature of Debtor (Corporation/Partnership)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date</p>		<p><b>X</b> Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>

**United States Bankruptcy Court**  
**District of Guam**

IN RE:

Flores, Joey Obamos

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

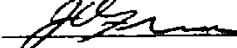
Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Date: February 6, 2009

Certificate Number: 02114-GU-CC-007974027

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on 08/08/09, at 10:09 o'clock PM EST, JOEY O FLORES received from Consumer Credit Counseling Service of Greater Atlanta, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Guam, an individual [or group] briefing (including a briefing conducted by telephone or on the Internet) that complied with the provisions of 11 U.S.C. §§ 109(h) and 111. A debt repayment Plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by Internet.

Date: 08-11-2009

By /s/FRANZOLA JAMESON

Name FRANZOLA JAMESON

Title Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

In re: Flores, Joey Obanos

(Debtor(s))

Case Number: \_\_\_\_\_

(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- The presumption arises  
 The presumption does not arise  
 The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

### **Part I. MILITARY AND NON-CONSUMER DEBTORS**

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and  <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.		
a.	<input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.		
b.	<input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.		
c.	<input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.		
d.	<input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.		
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>
3.	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$ 1,280.00	\$
4.	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b>		
	a. Gross receipts \$		
	b. Ordinary and necessary business expenses \$		
	c. Business income Subtract Line b from Line a		
5.	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>		
	a. Gross receipts \$		
	b. Ordinary and necessary operating expenses \$		
	c. Rent and other real property income Subtract Line b from Line a		
6.	<b>Interest, dividends, and royalties.</b>	\$	\$
7.	<b>Pension and retirement income.</b>	\$	\$
8.	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.	\$	\$
9.	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____

10

**Income from all other sources.** Specify source and amount. If necessary, list additional sources on a separate page. **Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.** Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.

a.		\$
b.		\$

Total and enter on Line 10

\$ \$

11

**Subtotal of Current Monthly Income for § 707(b)(7).** Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

\$ 1,280.00 \$

12

**Total Current Monthly Income for § 707(b)(7).** If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.

\$ 1,280.00

### Part III. APPLICATION OF § 707(B)(7) EXCLUSION

13

**Annualized Current Monthly Income for § 707(b)(7).** Multiply the amount from Line 12 by the number 12 and enter the result.

\$ 15,360.00

14

**Applicable median family income.** Enter the median family income for the applicable state and household size. (This information is available by family size at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court.)

a. Enter debtor's state of residence: Guam b. Enter debtor's household size: 6 \$ 73,862.00

15

**Application of Section 707(b)(7).** Check the applicable box and proceed as directed.

- The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.
- The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16

Enter the amount from Line 12.

\$

17

**Marital adjustment.** If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.

a.		\$
b.		\$
c.		\$

Total and enter on Line 17.

\$

18

**Current monthly income for § 707(b)(2).** Subtract Line 17 from Line 16 and enter the result.

\$

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

#### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A

**National Standards:** food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court.)

\$

19B	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"><b>Household members under 65 years of age</b></td> <td style="width: 50%; padding: 5px;"><b>Household members 65 years of age or older</b></td> </tr> <tr> <td>a1. Allowance per member</td> <td></td> </tr> <tr> <td>b1. Number of members</td> <td></td> </tr> <tr> <td>c1. Subtotal</td> <td></td> </tr> </table>	<b>Household members under 65 years of age</b>	<b>Household members 65 years of age or older</b>	a1. Allowance per member		b1. Number of members		c1. Subtotal		\$
<b>Household members under 65 years of age</b>	<b>Household members 65 years of age or older</b>									
a1. Allowance per member										
b1. Number of members										
c1. Subtotal										
20A	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).</p>	\$								
20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">a. IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 50%; padding: 5px;">\$</td> </tr> <tr> <td>b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c. Net mortgage/rental expense</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c. Net mortgage/rental expense	Subtract Line b from Line a	\$		
a. IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c. Net mortgage/rental expense	Subtract Line b from Line a									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$								
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$								
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$								

**B22A (Official Form 22A) (Chapter 7) (12/08)**

<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)		\$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.		
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>		
a.	IRS Transportation Standards, Ownership Costs	\$
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a
<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.		\$
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b>		
a.	IRS Transportation Standards, Ownership Costs, Second Car	
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a
25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	\$
26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$

**Subpart B: Additional Living Expense Deductions****Note:** Do not include any expenses that you have listed in Lines 19-32.

34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">a.</td> <td>Health Insurance</td> <td style="width: 15%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td style="text-align: right;">\$</td> </tr> </table>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
	Total and enter on Line 34	\$									
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:	\$ _____									
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$									
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$									

**Subpart C: Deductions for Debt Payment**

**Future payments on secured claims.** For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.

42	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
Total: Add lines a, b and c.				\$

**Other payments on secured claims.** If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.

43	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
a.			\$
b.			\$
c.			\$
Total: Add lines a, b and c.			\$

**Payments on prepetition priority claims.** Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do not include current obligations, such as those set out in Line 28.**

**Chapter 13 administrative expenses.** If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.

45	a. Projected average monthly chapter 13 plan payment.	\$
	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X
	c. Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b

**46 Total Deductions for Debt Payment.** Enter the total of Lines 42 through 45.

**Subpart D: Total Deductions from Income**

**47 Total of all deductions allowed under § 707(b)(2).** Enter the total of Lines 33, 41, and 46.

\$

**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$

**Initial presumption determination.** Check the applicable box and proceed as directed.

- The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.
- The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.
- The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).

53 Enter the amount of your total non-priority unsecured debt

\$

54 Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.

\$

**Secondary presumption determination.** Check the applicable box and proceed as directed.

- The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.
- The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

**Part VII. ADDITIONAL EXPENSE CLAIMS****Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
56	a.	\$
	b.	\$
	c.	\$
Total: Add Lines a, b and c		\$

**Part VIII. VERIFICATION**

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)

57	Date: <u>February 6, 2009</u>	Signature: <u>J. M. L.</u>	(Debtor)
	Date: <u>February 6, 2009</u>	Signature: _____	(Joint Debtor, if any)

GOVERNMENT OF GUAM  
HAGATNA, GUAM

DEPT. NO.	IDENTIFICATION NO.	RATE	PAYROLL ENDING	MISCELLANEOUS DEDUCTIONS			
				VENDOR	ACCT. NO.	AMOUNT	
3220	0140	8.00	11/08/2008				
<b>FLORES, JOEY O</b>							
REGULAR	HOURS	EARNINGS	DEDUCTIONS				
REGULAR		<b>80.00</b>	<b>640.00</b>	LIFE			
OVERTIME		<b>.00</b>		HEALTH			
PREM. DIFF.		<b>.00</b>		DENTAL			
GROSS PAY	CURRENT		YEAR-TO-DATE				
RETIREMENT	<b>640.00</b>		<b>640.00</b>				
FICA	<b>32.00</b>		<b>32.00</b>				
W / H TAX							
403 B	<b>10.21</b>		<b>10.21</b>				
401 K							
<b>XXX MEDICARE</b>	<b>9.28</b>		<b>9.28</b>				
ANNUAL LV	ACCR	TAKEN	BALANCE	ADJUSTED GROSS			
SICK LEAVE	<b>4</b>	<b>4</b>		<b>608.00</b>			

CHECK DATE: 11/14/2008

412742

0412742

NET PAY

588.51

GOVERNMENT OF GUAM  
HAGATNA, GUAM

DEPT. NO.	IDENTIFICATION NO.	RATE	PAYROLL ENDING	MISCELLANEOUS DEDUCTIONS			
				VENDOR	ACCT. NO.	AMOUNT	
3220	0140	8.00	11/22/2008				
<b>FLORES, JOEY O</b>							
REGULAR	HOURS	EARNINGS	DEDUCTIONS				
REGULAR		<b>80.00</b>	<b>640.00</b>	LIFE			
OVERTIME		<b>.00</b>		HEALTH			
PREM. DIFF.		<b>.00</b>		DENTAL			
GROSS PAY	CURRENT		YEAR-TO-DATE				
RETIREMENT	<b>640.00</b>		<b>1280.00</b>				
FICA	<b>32.00</b>		<b>64.00</b>				
W / H TAX							
403 B	<b>10.21</b>		<b>20.42</b>				
401 K							
<b>XXX MEDICARE</b>	<b>9.28</b>		<b>18.56</b>				
ANNUAL LV	ACCR	TAKEN	BALANCE	ADJUSTED GROSS			
SICK LEAVE	<b>4</b>	<b>8</b>		<b>608.00</b>			

CHECK DATE: 11/28/2008

414873

0414873

NET PAY

588.51

DEPT OF ADMINISTRATION  
Employee Earnings Statement 6/26/2009

Employee ID, seq . . . . . : **0140 2**      Dept . . . . . : **3220**  
 Employee name . . . . . : **JOEY O FLORES**  
 Pay period ending . . . . . : **6/20/2009**      Hourly rate . . . . : **8.00**

EARNINGS INFORMATION

		<u>----- Hours -----</u>			
		<u>Current</u>	<u>YTD</u>	<u>Current</u>	<u>YTD</u>
Work hours . . . . . :		80.00	840.00	640.00	6720.00
Annual leave . . . . . :					128.00
Sick leave . . . . . :					192.00
Other leave . . . . . :			160.00		1280.00
Premium pay . . . . . :					
Overtime . . . . . :					
Retroactive pay . . . . . :					
Other pay . . . . . :					
Gross pay . . . . . :				640.00	8320.00
Tax deferred amount. . . . . :				32.00	416.00
Adjusted gross pay . . . . . :				608.00	7904.00

LEAVE INFORMATION

		<u>----- Hours -----</u>			
		<u>Current</u>	<u>YTD</u>		
Annual Leave . . . . . :					
Accrued . . . . . :		4.00	52.00		
Received (donated) . . . . . :					
Used . . . . . :			16.00		
Balance. . . . . :			52.00		
Sick Leave . . . . . :					
Accrued . . . . . :		4.00	52.00		
Received (donated) . . . . . :					
Used . . . . . :			24.00		
Balance. . . . . :			44.00		
Compensatory time balance . . . . . :					

WITHHOLDING & DEDUCTION INFORMATION

	<u>Current</u>	<u>YTD</u>
Guam income tax . . . . . :		33.96
Social security tax . . . . . :		
Medicare tax . . . . . :	9.28	120.64
Defined benefit plan . . . . . :		
Defined contribution plan . . . . . :	32.00	416.00
Health insurance . . . . . :		
Dental insurance . . . . . :		
Life insurance . . . . . :		
Statutory withholding total . . . . . :	41.28	570.60
MARSHALL'S OFFICE . . . . . :	<u>Account</u>	
BANK OF GUAM . . . . . :	<u>Current</u>	<u>YTD</u>
Total withholding & deductions . . . . . :	149.68	1937.36
	449.04	2694.24
	640.00	5202.20

DEPT OF ADMINISTRATION  
Employee Earnings Statement 7/10/2009

Employee ID, seq . . . . . : 0140 2      Dept . . . . . : 3220  
 Employee name . . . . . : JOEY O FLORES  
 Pay period ending . . . . . : 7/04/2009      Hourly rate . . . . : 8.00

<u>EARNINGS INFORMATION</u>		----- Hours -----		<u>Current</u>	<u>YTD</u>	<u>Current</u>	<u>YTD</u>
Work hours . . . . . :		64.00	904.00			512.00	7232.00
Annual leave . . . . . :						64.00	192.00
Sick leave . . . . . :							192.00
Other leave . . . . . :		8.00	168.00			64.00	1344.00
Premium pay . . . . . :							
Overtime . . . . . :							
Retroactive pay . . . . . :							
Other pay . . . . . :							
Gross pay . . . . . :						640.00	8960.00
Tax deferred amount. . . . . :						32.00	448.00
Adjusted gross pay . . . . . :						608.00	8512.00

<u>LEAVE INFORMATION</u>		----- Hours -----		<u>Current</u>	<u>YTD</u>
Annual Leave		4.00	56.00		
Accrued . . . . . :		4.00	56.00		
Received (donated) . . . . . :					
Used . . . . . :		8.00	24.00		
Balance. . . . . :			48.00		
Sick Leave					
Accrued . . . . . :		4.00	56.00		
Received (donated) . . . . . :					
Used . . . . . :			24.00		
Balance. . . . . :			48.00		
Compensatory time balance . . . . . :					

<u>WITHHOLDING &amp; DEDUCTION INFORMATION</u>		<u>Current</u>	<u>YTD</u>
Guam income tax . . . . . :			33.96
Social security tax . . . . . :			
Medicare tax . . . . . :		9.28	129.92
Defined benefit plan . . . . . :			
Defined contribution plan . . . . . :		32.00	448.00
Health insurance . . . . . :			
Dental insurance . . . . . :			
Life insurance . . . . . :			
Statutory withholding total . . . . . :		41.28	611.88
<u>Account</u>		<u>Current</u>	<u>YTD</u>
MARSHALL'S OFFICE		149.68	2087.04
BANK OF GUAM		449.04	3143.28
Total withholding & deductions . . . . . :		640.00	5842.20

DEPT OF ADMINISTRATION  
Employee Earnings Statement 7/24/2009

Employee ID, seq . . . . .	: 0140 2	Dept . . . . .	: 3220
Employee name . . . . .	: JOEY O FLORES		
Pay period ending . . . . .	: 7/18/2009	Hourly rate . . . . .	: 8.00

EARNINGS INFORMATION

		----- Hours -----			
		Current	YTD	Current	YTD
Work hours . . . . .	:	64.00	968.00	512.00	7744.00
Annual leave . . . . .	:			64.00	256.00
Sick leave . . . . .	:			64.00	256.00
Other leave . . . . .	:		168.00		1344.00
Premium pay . . . . .	:				
Overtime . . . . .	:				
Retroactive pay . . . . .	:				
Other pay . . . . .	:				
Gross pay . . . . .	:			640.00	9600.00
Tax deferred amount . . . . .	:			32.00	480.00
Adjusted gross pay . . . . .	:			608.00	9120.00

LEAVE INFORMATION

		----- Hours -----			
		Current	YTD		
Annual Leave . . . . .	:				
Accrued . . . . .	:	4.00	60.00		
Received (donated) . . . . .	:				
Used . . . . .	:	8.00	32.00		
Balance . . . . .	:		44.00		
Sick Leave . . . . .	:				
Accrued . . . . .	:	4.00	60.00		
Received (donated) . . . . .	:				
Used . . . . .	:	8.00	32.00		
Balance . . . . .	:		44.00		
Compensatory time balance . . . . .	:				

WITHHOLDING & DEDUCTION INFORMATION

		Current	YTD
Guam income tax . . . . .	:		33.96
Social security tax . . . . .	:		
Medicare tax . . . . .	:	9.28	139.20
Defined benefit plan . . . . .	:		
Defined contribution plan . . . . .	:	32.00	480.00
Health insurance . . . . .	:		
Dental insurance . . . . .	:		
Life insurance . . . . .	:		
Statutory withholding total . . . . .	:	41.28	653.16
MARSHALL'S OFFICE . . . . .		Current	YTD
BANK OF GUAM . . . . .		149.68	2236.72
Total withholding & deductions . . . . .		449.04	3592.32
		640.00	6482.20

DEPT OF ADMINISTRATION  
Employee Earnings Statement 8/07/2009

Employee ID, seq . . . . . : 0140 2      Dept . . . . . : 3220  
 Employee name . . . . . : JOEY O FLORES  
 Pay period ending . . . . . : 8/01/2009      Hourly rate . . . . : 8.00

<u>EARNINGS INFORMATION</u>		----- Hours -----		<u>Current</u>	<u>YTD</u>	<u>Current</u>	<u>YTD</u>
Work hours . . . . .	:	64.00	1032.00			512.00	8256.00
Annual leave . . . . .	:					64.00	320.00
Sick leave . . . . .	:						256.00
Other leave . . . . .	:	8.00	176.00			64.00	1408.00
Premium pay . . . . .	:						
Overtime . . . . .	:						
Retroactive pay . . . . .	:						
Other pay . . . . .	:						
Gross pay . . . . .	:					640.00	10240.00
Tax deferred amount . . . . .	:					32.00	512.00
Adjusted gross pay . . . . .	:					608.00	9728.00

<u>LEAVE INFORMATION</u>		----- Hours -----		<u>Current</u>	<u>YTD</u>
Annual Leave					
Accrued . . . . .	:	4.00	64.00		
Received (donated) . . . . .	:				
Used . . . . .	:	8.00	40.00		
Balance. . . . .	:		40.00		
Sick Leave					
Accrued . . . . .	:	4.00	64.00		
Received (donated) . . . . .	:				
Used . . . . .	:		32.00		
Balance. . . . .	:		48.00		
Compensatory time balance . . . . .					

<u>WITHHOLDING &amp; DEDUCTION INFORMATION</u>		<u>Current</u>	<u>YTD</u>
Guam income tax . . . . .	:		33.96
Social security tax . . . . .	:		
Medicare tax . . . . .	:	9.28	148.48
Defined benefit plan . . . . .	:		
Defined contribution plan . . . . .	:	32.00	512.00
Health insurance . . . . .	:		
Dental insurance . . . . .	:		
Life insurance . . . . .	:		
Statutory withholding total . . . . .	:	41.28	694.44
<u>Account</u>		<u>Current</u>	<u>YTD</u>
MARSHALL'S OFFICE . . . . .	:	149.68	2386.40
BANK OF GUAM . . . . .	:	449.04	4041.36
Total withholding & deductions . . . . .	:	640.00	7122.20

GOVERNMENT OF GUAM  
HAGATNA, GUAM

DEPT. NO.	IDENTIFICATION NO.	RATE	PAYROLL ENDING
3220	00140	8.00	12/20/2008
EMPLOYEE NAME: FLORES, JOEY O			
REGULAR	HOURS	EARNINGS	DEDUCTIONS
OVERTIME			LIFE
PREM. DIFF.			HEALTH
			DENTAL
GROSS PAY	CURRENT		YEAR-TO-DATE
RETIREMENT		640.00	2560.00
FICA		32.00	128.00
W / H TAX			
403 B		10.21	40.84
401 K			
<b>XXX MEDICARE</b>		<b>9.28</b>	<b>37.12</b>
ANNUAL LV	ACCR	TAKEN	BALANCE
SICK LEAVE	4	16	608.00
	4	16	

CHECK DATE: 12/24/2008

420104

0420104

NET PAY

441.38

MISCELLANEOUS DEDUCTIONS

VENDOR ACCT. NO. AMOUNT

MARSHALL'S OFFICE 147.13

GOVERNMENT OF GUAM  
HAGATNA, GUAM

DEPT. NO.	IDENTIFICATION NO.	RATE	PAYROLL ENDING
3220	00140	8.00	1/03/2009
EMPLOYEE NAME: FLORES, JOEY O			
REGULAR	HOURS	EARNINGS	DEDUCTIONS
OVERTIME		640.00	LIFE
PREM. DIFF.		.00	HEALTH
		.00	DENTAL
GROSS PAY	CURRENT		YEAR-TO-DATE
RETIREMENT		640.00	640.00
FICA		32.00	32.00
W / H TAX			
403 B		8.49	8.49
401 K			
<b>XXX MEDICARE</b>		<b>9.28</b>	<b>9.28</b>
ANNUAL LV	ACCR	TAKEN	BALANCE
SICK LEAVE	4	20	608.00
	4	20	

DATE: 1/09/2009

422772

0422772

NET PAY

442.67

GOVERNMENT OF GUAM  
HAGATNA, GUAM

DEPT. NO.	IDENTIFICATION NO.	RATE	PAYROLL ENDING
3220	0140	8.00	1/17/2009
EMPLOYEE NAME: FLORES, JOEY O			
REGULAR	HOURS	EARNS	DEDUCTIONS
OVERTIME			LIFE
PREM. DIFF.			HEALTH
			DENTAL
GROSS PAY	CURRENT		YEAR-TO-DATE
RETIREMENT	640.00		1280.00
FICA	32.00		64.00
W / H TAX			
403 B	8.49		16.98
401 K			
<b>XXX MEDICARE</b>	<b>9.28</b>		<b>18.56</b>
ANNUAL LV	ACCR	TAKEN	BALANCE
SICK LEAVE	4	8	16
	4	24	608.00

CHECK DATE: 1/23/2009

425275

MISCELLANEOUS DEDUCTIONS		
VENDOR	ACCT. NO.	AMOUNT
MARSHALL'S OFFICE		147.56

DEPT. NO.	IDENTIFICATION NO.	RATE	PAYROLL ENDING
3220	0140	8.00	1/31/2009
EMPLOYEE NAME: FLORES, JOEY O			
REGULAR	HOURS	EARNS	DEDUCTIONS
OVERTIME			LIFE
PREM. DIFF.			HEALTH
			DENTAL
GROSS PAY	CURRENT		YEAR-TO-DATE
RETIREMENT	640.00		1920.00
FICA	32.00		96.00
W / H TAX	8.49		25.47
403 B			
<b>401 K</b>	<b>9.28</b>		<b>27.84</b>
ANNUAL LV	ACCR	TAKEN	BALANCE
SICK LEAVE	4	20	608.00
	4	28	

CHECK DATE: 2/06/2009

427802

MISCELLANEOUS DEDUCTIONS		
VENDOR	ACCT. NO.	AMOUNT
MARSHALL'S OFFICE		147.56

0425275 NET PAY 442.67

0427802 NET PAY 442.67

**United States Bankruptcy Court**  
**District of Guam**

**IN RE:****Flores, Joey Obamos**Case No. \_\_\_\_\_  
Chapter 7 \_\_\_\_\_

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A – Debts secured by property of the estate.** (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	Describe Property Securing Debt:
Creditor's Name:	

Property will be (*check one*):

- Surrendered  Retained

If retaining the property, I intend to (*check at least one*):

- Redeem the property  
 Reaffirm the debt  
 Other. Explain \_\_\_\_\_

(for example, avoid lien using 11 U.S.C. § 522(f)).

Property is (*check one*):

- Claimed as exempt  Not claimed as exempt

Property No. 2 (if necessary)	Describe Property Securing Debt:
Creditor's Name:	

Property will be (*check one*):

- Surrendered  Retained

If retaining the property, I intend to (*check at least one*):

- Redeem the property  
 Reaffirm the debt  
 Other. Explain \_\_\_\_\_

(for example, avoid lien using 11 U.S.C. § 522(f)).

Property is (*check one*):

- Claimed as exempt  Not claimed as exempt

**PART B – Personal property subject to unexpired leases.** (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Lessor's Name:		

Property No. 2 (if necessary)	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Lessor's Name:		

continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: February 6, 2009

  
Signature of Debtor

Signature of Joint Debtor

**United States Bankruptcy Court**  
**District of Guam**

**IN RE:****Flores, Joey Obamos**

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

**Note:** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>18,265.66</b>	<b>2006 Income</b>
<b>20,551.00</b>	<b>2007 Income</b>
<b>12,800.00</b>	<b>2008 YTD Income</b>

**2. Income other than from employment or operation of business**

**Note:** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

**Note:** a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)